CHILD INFORMATION SHEET

For parent / guardian to fill in:

Child Name: _____ Date: _____

Last time child was fed: _____

Last time child was changed: _____

Lunch _____

3 Pampers _____ Change of clothes _____

Special Message (allergies to food, medications, or environment) _____

_____

BABYSITTER'S RESPONSE (turn into the case manager)

Diaper changed at _____

Medical/health comments _____
_____

Feeding/snack _____

Parent/guardian returned when she/he was supposed to?   ❒ Yes ❒ No

Any problems? (i.e., enough diapers, not enough diapers, child fell, etc.) _____

Comments: _____

Signature _____ Date _____